

TREATING PEDIATRIC TRAUMA WITH A HOMEOPATHIC OINTMENT

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ABSTRACT

The purpose of this observational study was to document efficacy and tolerance of Traumeel S (ointment) in children ($n = 157$). Primary usage indications were acute trauma such as contusions, hematomas, sprains, and dislocations. For two thirds of the patients, treatment consisted of two to three applications of Traumeel S per day. In the majority of cases, duration of treatment did not exceed one week. Whether administered as monotherapy or in combination with other therapeutic measures, Traumeel S produced either “very good” or “good” therapeutic results in over 95% of the cases. Patient tolerance of the medication was rated “excellent” or “good” in all cases. No adverse effects were observed.



INTRODUCTION

Children very frequently incur injuries while playing or when engaging in sports. Cases of blunt trauma (contusions or bruises, strains, and sprains) are the most common type of childhood injury. Although most such injuries are slight to moderate, they are often accompanied by painful swelling, hematomas, and impaired mobility and may therefore cause significant suffering for the young patients.

Because chemical anti-inflammatories such as NSAIDs can cause gastrointestinal side effects (nausea,

diarrhea, anemia), they cannot be recommended for unrestricted use in treating pediatric trauma. When such medications are used to treat localized symptoms, the duration of therapy should be limited and the dosage kept as low as possible. Experience has shown the value of homeopathic medications in topical therapy for trauma. The homeopathic ointment Traumeel S (manufactured by Biologische Heilmittel Heel GmbH of Baden-Baden, Germany) includes both plant-based ingredients and home-

opathic potencies of several minerals. This combination has anti-inflammatory, antiexudative, and regenerative effects.^{2,5} Several studies have documented the efficacy of Traumeel S in treating sports injuries (e.g., sprains, hematomas, myogeloses, and contusions) and degenerative disorders.^{1,3,4,6} The purpose of this observational study, in which 32 pediatricians participated, was to examine usage indications, efficacy, and tolerance of Traumeel S in pediatric patients (infants, toddlers, and school-age children).

METHODS

Data on patients and their treatment were recorded on standardized questionnaires. In order to achieve a comprehensive overview of the full range of indications for which Traumeel S is routinely

prescribed, no demographic or symptom-related criteria for inclusion or exclusion of participants were established with the exception of an upper age limit of 12 years. In addition to the age and gender

of the children, the data compiled included the type of symptoms and their duration prior to the beginning of treatment, frequency of application of Traumeel S, and duration of therapy.



homeopathy, pediatric trauma, Traumeel S (ointment)

Upon conclusion of therapy, efficacy was rated by the pediatricians on a five-point scale (very good, good, satisfactory, no improvement, worse); patient tolerance of Traumeel was rated on a four-point scale (excellent, good, moderate, poor). Also recorded was the point in time when the first improvement in symptoms was noted. Any adverse effects were to be documented on a separate questionnaire.

Descriptive statistical methods (absolute and percentage frequency distributions) were used to assess treatment data on a total of 157 children.

RESULTS

Patients

Of the 157 children, 70 (45%) were girls and 87 (55%) boys. They ranged in age from 0 to 12 years with a peak in frequency (24%) at age 10.

Traumeel S was prescribed for a broad spectrum of traumatic, inflammatory, and degenerative disorders, the most frequent of which were contusions, sprains, hematomas, and dislocations (Table 1). Other usage indications included joint effusions, a number of other injuries, and other painful conditions affecting joints, soft tissues, and muscles. In 27% of the cases, multiple indications were reported. Overall symptom severity was reported as moderate in more than half (54%) of the cases, as slight in 19%, and as severe in 8%. The great majority of the patients (80%)

sought treatment for acute symptoms that had persisted for not more than one week. Longer duration of symptoms was reported in individual cases for diagnoses that included fractures, epicondylitis, joint effusions, and contusions. Because of the acute nature of most symptoms, only 11% of the children had received prior pharmaceutical treatment (analgesics, antirheumatics, anti-inflammatories) for their conditions.

THERAPY

In the majority of cases (84%), Traumeel S was applied 1 to 3 times per day, sometimes in combination with bandaging. For 62% of the children, Traumeel S was prescribed as monotherapy, while the remaining 38% received adjuvant pharmaceutical therapy (analgesics, antirheumatics, or anti-inflammatories) or nonpharmaceutical therapies (hot and cold packs, immobilization, chiropractic, and massage). In two thirds of all patients, the maximum duration of therapy was one week.



TOLERANCE

No adverse effects were reported from the use of Traumeel S. In all 157 patients, tolerance of the medication was rated “excellent” or “good,” regardless of whether Traumeel S was prescribed as monotherapy or in combination with additional pharmaceutical or naturopathic therapies.

EFFICACY

In 7% of the patients, symptoms such as pain, swelling, and impaired mobility were reduced as early as the first day of application. After a total of one to three days, symptoms improved in two thirds of all patients. In an additional 24%, improvement occurred within the first week of therapy. Overall analysis of the therapeutic results indicates that the results were rated “very good” in 70% of all patients and “good” in 27%, regardless of the age of the children or the type of symptoms. Results were rated “very good” or “good” in 98% of the patients who received Traumeel S as monotherapy (Figure 1).

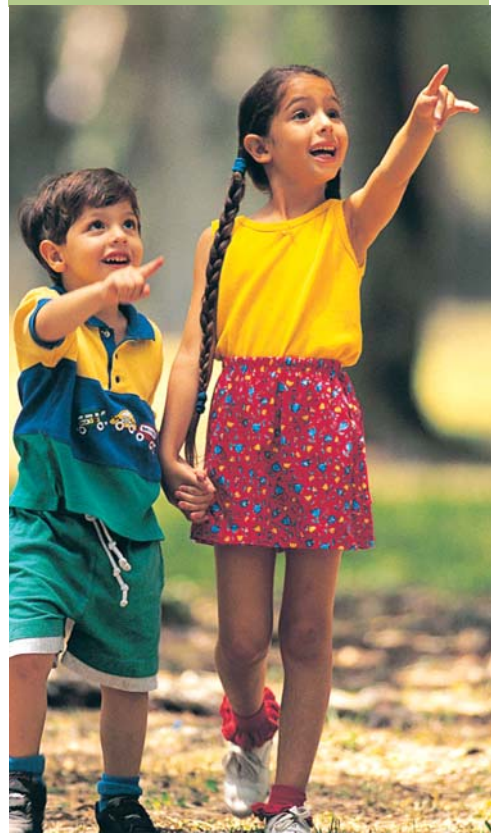
CONCLUSION

The results of the present observational study of 157 children confirm that Traumeel S ointment is routinely prescribed for pediatric patients (infants, toddlers, and school-age children) for a wide variety of injuries, soft-tissue swelling, and inflammatory or degenerative disorders of the musculoskeletal system. The predominance of “very good” or “good” ratings of efficacy confirms the many years of empirical results reported in earlier studies.^{1,6} Favorable outcomes were achieved regardless of the age of the children, the type of the injury, or whether the ointment was prescribed as monotherapy or as adjuvant therapy. In other words, Traumeel S proved effective in all pediatric age groups (infants, preschoolers, and school-age children) and for all of the usage indications reported. Furthermore, the study confirms that Traumeel is well tolerated by pediatric patients, an important point considering the desirability of avoiding unnecessary toxin loading of the immature organism.

In summary, Traumeel S is reliably effective in treating both blunt trauma and muscle, joint, and soft-tissue disorders of varying etiology in pediatric patients.



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Usage indications	Number of patients	Percentage of patients
Contusions	50	31.8
Sprains	37	23.6
Hematomas	26	16.6
Dislocations	11	7.0
Joint effusions	6	3.8
Other injuries	6	3.8
Tenosynovitis	5	3.2
Other inflammatory/ degenerative disorders	5	3.2
Fractures	2	1.3
Epicondylitis	2	1.3
Other diseases/symptoms	16	10.2

TABLE 1: Usage indications of Traumeel S ointment (n=157; multiple listings occurred).

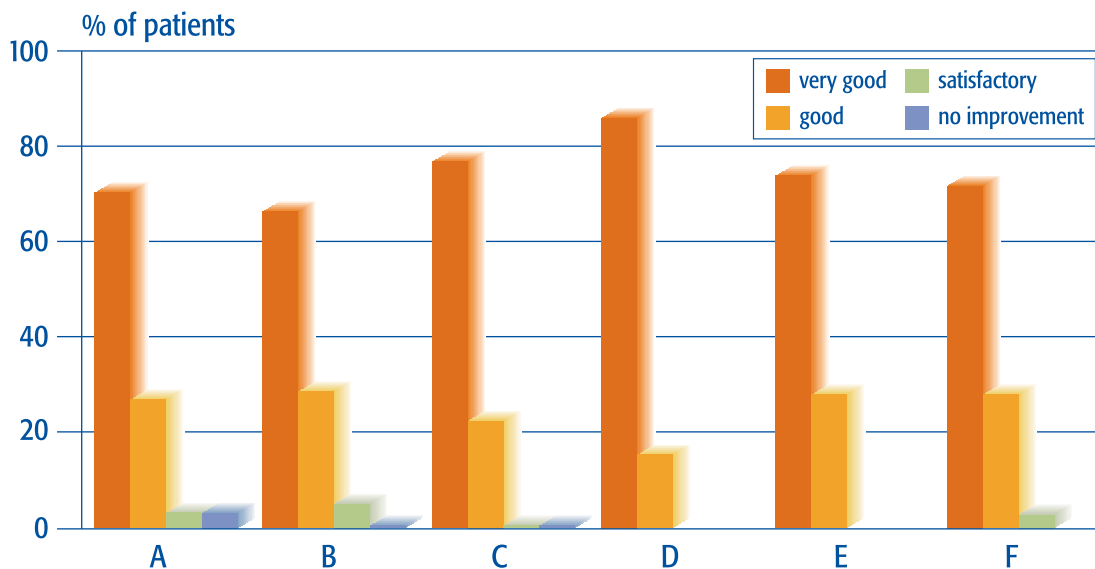


Fig. 1: Results of therapy with Traumeel S. A = total patient population (n=157); B = contusions (n=50); C = sprains (n=37); D = hematomas (n=26); E = dislocations (n=11); F = Traumeel S monotherapy (n=97).